

Education Attainment Plan

This document is for use by programs receiving HQEL and/or PDG Grant funding from the Arizona Department of Education. Please have each staff member complete their own plan and obtain the signature of their college advisor/counselor. Then, upload this document in EMAC.

Student Name: _____ Student ID Number: _____

College Attending: _____ Anticipated Graduation Date (Month/Year): _____

Current Highest Level of Education: _____

Course Schedule (complete all sections through anticipated graduation date)

Fall/Winter 2023 Course Dates	Course Name and Number (For example, ECE101- Intro to Child Development)	Date Completed
Spring/Summer 2024 Course Dates	Course Name and Number (For example, ECE101- Intro to Child Development)	Date Completed

Fall/Winter 2024 Course Dates	Course Name and Number (For example, ECE101- Intro to Child Development)	Date Completed
Spring/Summer 2025 Course Dates	Course Name and Number (For example, ECE101- Intro to Child Development)	Date Completed
Fall/Winter 2025 Course Dates	Course Name and Number (For example, ECE101- Intro to Child Development)	Date Completed

Spring/Summer 2026 Course Dates	Course Name and Number (For example, ECE101- Intro to Child Development)	Date Completed
Fall/Winter 2026 Course Dates	Course Name and Number (For example, ECE101- Intro to Child Development)	Date Completed
Spring/Summer 2027 Course Dates	Course Name and Number (For example, ECE101- Intro to Child Development)	Date Completed

I attest that the above course schedule was developed with and/or reviewed by a representative of the college/university I am attending or plan to attend. I understand that my schedule may change based on availability of courses. However, if a course is not offered during the semester identified I will enroll in and complete the next available course in the above schedule and complete the unavailable course at the earliest opportunity.

Student Name: _____

Student Signature: _____

Date signed: _____

I attest that I am an authorized representative of the college/university identified on page 1 of this document. I have communicated with the above student to develop an education attainment plan and recommend this schedule based on course availability.

College/University Representative Name: _____

College/University Representative Title: _____

College/University Representative Signature: _____

Date signed: _____